

**Application, Change  
of Officers Controlling an  
ABC Permitted Private Club**



— DEPARTMENT OF —  
**REVENUE**  
—  
STATE OF MISSISSIPPI

*return to*  
**Alcoholic Beverage Control Division  
Permit Department  
P.O. Box 540  
Madison, MS 39130-0540**

## **Application Instructions**

***Please read these instructions prior to completing this application for a change in officers of your private club permit.***

- ☐ Complete Section I, Statement of Ownership. This Section must identify all of the new officers.
  
- ☐ Each officer must submit two (2) fingerprint cards and a Personal Record form with this application. The applicant must be fingerprinted by a law enforcement officer on ABC "applicant" fingerprint cards. The cards must be complete, legible, and capable of being classified by the Federal Bureau of Investigation. Some law enforcement agencies have ABC fingerprint cards on hand. If you need fingerprint cards, contact the Permit Department or visit your local Department of Revenue District Office.
  
- ☐ ABC collects a pass-along fee for fingerprint card processing by the Federal Bureau of Investigation. This fee is due and payable with the application submission. This fee is \$32.00 per person. Make your money order or cashier's check payable to "ABC-ff".
  
- ☐ Your Mississippi income tax filing status, if applicable, will be verified for the past three (3) years. If records indicate that you are delinquent in filing these returns (or you are indebted to the state of Mississippi for any other taxes or fees), you will be notified and must obtain clearance from your local Department of Revenue District Office before we can continue processing your application.

**If you need assistance, call the ABC Permit Department at  
(601) 856-1330.**

**Section I – Statement of Ownership**  
**Alcoholic Beverage Retailer Permit Application**

I. Name of business \_\_\_\_\_ Permit number \_\_\_\_\_

II. Will this business be operated as an On-Premises Retailer Private Club as defined by §67-1-5(n) of the 1972 MCA?

☐ Yes If "yes", list the officers and directors of the club below.

☐ No

**Name**

**Title**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Each person listed above must submit a Personal Record (form 1001) and two (2) fingerprint cards with a certified check or money order for \$32.00 made payable to "ABC-ff" with this application.***

## Permittee Certification and Oath

I, \_\_\_\_\_, certify under penalty of perjury that the organization applying for this Alcoholic Beverage Retailer's Permit meets the qualifications of a permittee as described in Sections 67-1-51, 67-1-5, 67-1-55, and 67-1-69 of the Mississippi Code of 1972, Annotated. I affirm that this organization will comply fully with the provisions of the Local Option Alcoholic Beverage Control laws, rules and regulations in the purchase, sale and handling of alcoholic beverages and will keep all records and make all reports and remittances as required. I certify that the information presented on this application is true and correct to the best of my knowledge and belief. I agree that making a material misrepresentation on this application (or Personal Record form attached) shall be evidence of a lack of trustworthiness as contemplated by MS Code Ann. Section 67-1-57 and provide a basis for denial on this application.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Notary*

My commission expires: \_\_\_\_\_

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

3. Date of birth \_\_\_\_\_ Height \_\_\_\_\_  
Social Security No.\* \_\_\_\_\_ Weight \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Hair color \_\_\_\_\_  
Age \_\_\_\_\_ Eye color \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_

4. Telephone No.(home)\_\_\_\_\_ (business)\_\_\_\_\_

<i>From/To</i>	<i>Address</i>	<i>City, State, Zip Code</i>
<i>Mo/Yr</i>	<i>Mo/Yr</i>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List your employment or occupational history for the past five (5) years:

<i>From/To</i> <i>Mo/Yr</i>	<i>Address</i> <i>Mo/Yr</i>	<i>City, State, Zip Code</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you filed and paid your Mississippi Income taxes and your Federal Income taxes?

☐ Yes

☐ No

If "no," explain fully: \_\_\_\_\_

8. Have you ever been convicted of any of the following: *(answer each question)*

a) A felony in any state, federal or military court? ☐ Yes ☐ No

b) A violation of the Local Option ABC laws, rules and regulations, or the Prohibition laws in any state or local jurisdiction? ☐ Yes ☐ No

c) A violation of any law relating to alcoholic beverages or beer? *(For example: DUI, sales of alcohol to a minor, public intoxication, or sale of alcohol to a visibility intoxicated person, etc.)* ☐ Yes ☐ No

d) A violation of any controlled substance related law? ☐ Yes ☐ No

### Personal Record Supplement

If you answered "Yes" to 8a, 8b, 8c, or 8d, fully explain here:

List convictions (specific charges) \_\_\_\_\_

\_\_\_\_\_

Date and jurisdiction of same: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## **Notary**

State of \_\_\_\_\_

County of \_\_\_\_\_

This day personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named \_\_\_\_\_ who, after being by me first duly sworn, states on oath that the matters contained and set forth in the foregoing application are true and correct as stated therein.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Notary*

My commission expires: \_\_\_\_\_

*Upon approval by the Department, your permit file will be updated and identification cards will be mailed to the new officers.*

### **Application Check List**

- ☐ Did you include a Personal Record form and two (2) fingerprint cards on each new officer?
- ☐ Did you include certified funds payable to "ABC-ff" (\$32.00 for each individual)?
- ☐ Did you sign the application where required and have the signatures notarized?